

TDRL Informal PEB Election of Options



Date

From: _____
To: President, Physical Evaluation Board (PEB)

Subj: TEMPORARY DISABILITY RETIRED LIST INFORMAL PEB ELECTION OF OPTIONS

Ref: (a) DODI 1332.18 w/Ch. 1
(b) DODM 1332.18 Volumes 1 & 2
(c) SECNAVINST 1850.4F
(d) SECNAV M-1850.1

1. I acknowledge receipt of my Informal PEB findings. I understand I had the right to consult with a government attorney (at no charge) prior to completing this Election of Options. I understand my Informal PEB findings and options and choose the following option in accordance with references (a) through (d). I understand the PEB will finalize my case (as Presumed Acceptance) if I do not choose an option within 15 calendar days from the day I received my findings.

_____ I accept the findings of the PEB. I waive my right to a formal hearing. I understand the PEB will finalize my case and send the findings to my Service headquarters, who will prepare a new DD Form 214 and inform the Defense Finance and Accounting Service, who is responsible for calculating any adjustments to my Department of the Navy (DON) disability benefits.

NOTE: Changes to your DON disability rating DO NOT affect your VA disability rating. They are separate and distinct ratings. This Election of Options will not affect your VA compensation or other VA benefits.

_____ I do not accept the findings of the PEB and demand a formal hearing.

NOTE: Formal hearings are conducted at the Washington Navy Yard. Service headquarters will issue orders for you to travel to Washington, DC. The PEB will send you additional information on arranging travel, which will be at no cost to you, and formal hearing procedures. Additionally, a government lawyer will be provided at no cost to you.

2. My current contact information is as follows:

- a. Address:
- b. E-mail:
- c. Cell phone:

Printed Name of Member

Member Signature

Date

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Revised: 19 Dec 19
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EMAIL THIS FORM TO tonjua.howard@navy.mil OR FAX TO 202-685-6429 OR MAIL TO:

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